

## Protocol for Providing Acute Inpatient Psychiatric Stabilization for Patients incarcerated in the Vermont Department of Corrections

A person who may need acute psychiatric hospitalization and is under the care and custody of the Commissioner of the Vermont Department of Corrections (DOC) will be referred for assessment to the DOC Director of Psychiatric Services (DPS) or designated psychiatrist<sup>1</sup>.

The DPS will determine whether the inmate is in need of acute psychiatric stabilization in a psychiatric hospital and cannot be safely and effectively treated using the resources available within the DOC. There are two mechanisms for inpatient treatment; voluntary and involuntary. These have different procedural requirements as indicated below.

### Post-Adjudicated Inmates

1. Voluntary Admission: An application for voluntary psychiatric hospitalization may be made only if the inmate/patient in question is willing to be hospitalized voluntarily and is determined by the DPS to have the capacity to make that decision.
  - a. Paperwork for the Vermont Department of Mental Health (DMH) Emergency Evaluation (EE) *will not* be completed prior to transport from corrections to the community hospital in the case of voluntary psychiatric admissions.
  - b. If, despite previous agreement, the inmate/patient is not willing to voluntarily enter the hospital upon arrival, the DPS will then complete the physician portion of the EE paperwork (in accordance with 18 V. S. A. 7504) based on the review by a QMHP of the inmate/patient at the hospital. (See below 2-b) The QMHP will conduct the non-physician portion of the EE form at the DOC facility currently housing the inmate/patient in question.
  - c. DOC Nursing will speak with psychiatric nurse team in order to sign off on the case
  - d. If the inmate/patient in question is then determined by the community hospital not to meet the standard for involuntary psychiatric hospitalization, the inmate/patient will be returned to the correctional facility by the transporting team. (in part b above it states that QMHP sees the person at the DOC facility, should it say at the hospital?
  - e. The DPS will update the designated Department of Mental Health Care Manager regarding this outcome.

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<sup>1</sup> Hereafter the abbreviation DPS will be understood to include any qualified designee.

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2. Involuntary Admission: An application for involuntary psychiatric hospitalization may be made if inmate/patient in question is not willing to be hospitalized voluntarily or is determined by the DPS or their designee to lack the capacity to make that determination.
  - a. The DPS will contact the designated (DMH) Care Manager.
  - b. The DMH Care Manager will contact the appropriate community crisis team to arrange for a QMHP to assess the inmate and complete part 1 (non-physician portion) of the DMH (EE) form. (SEE ATTACHED FORM) and will inform the DPS that this has been arranged.
  - c. The DPS or their designee will have notified the facility Healthcare Services Administrator (HSA), who will then notify the DOC Facility Shift Supervisor in order that the facility may expect the arrival of the QMHP.
  - d. The QMHP will conduct the non-physician portion of the EE form at the DOC facility currently housing the inmate/patient in question.
  - e. The QMHP will arrive at the facility and gain entry following established protocol for each facility.
  - f. The QMHP will be met by the DPS or designated mental health staff member and introduced to the inmate determined to be in need of acute psychiatric hospitalization.
  - g. The QMHP will confer with the DPS or designee both before and after the evaluation of the inmate/patient.
  - h. An inmate/patient who is determined by the QMHP to be in need of acute psychiatric hospitalization will be referred to a community hospital within 24 hours of the evaluation and placement will be as soon as possible, contingent on bed availability. In such a case, the QMHP will complete the non-physician portion of the EE paperwork and the DPS will complete the physician portion.
3. Prior to transport of any inmate/ patient for acute psychiatric hospitalization, the DPS or designee will
  - a. assure that DOC has determined and communicated
    - i. The inmate/patient's security needs, and
    - ii. The discharge plans to either return to DOC or to a community placement
    - iii. That this information has been communicated to the receiving hospital.
  - b. The DPS or Designee will speak with
    - i. the Triage Nurse at the receiving community hospital Emergency Department (ED)

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- ii. the ED physician at the receiving community hospital
  - iii. the psychiatric services at the receiving community hospital
4. Prior to transport of any inmate/ patient for acute psychiatric hospitalization, DOC nursing staff member will
- a. speak with the psychiatric nursing team at the receiving hospital
  - b. Provide for the prompt and complete transfer of relevant medical and mental health records to the receiving hospital.
  - c. work with DOC facility to assist the safe transport of the inmate/patient
5. In the case of either voluntary or involuntary psychiatric admission, transport to the community hospital ED will be provided by the DOC. The DOC will remain, at the discretion of the receiving hospital, until such time as the inmate/patient has been admitted and is securely on the psychiatric unit.
6. For the duration of the psychiatric hospitalization, the DPS will serve as a de facto member of the hospital's treatment team and will remain in communication with and serve as a resource to the team.
7. Prior to the release from hospital of an inmate/patient who has been determined to no longer be in need of acute psychiatric hospitalization and who will return to the correctional facility:
- a. The DPS will confer with the hospital psychiatric team leader in order to accept return of the inmate/patient.
  - b. The hospital team designee will notify the Director of Classification and Facility Designation or designee of the impending return and the need for transportation. DOC will ensure possession of appropriate documentation and determine if his custody status has changed since he was admitted to the hospital.
  - c. DOC Nursing will speak with the psychiatric nursing team in order to have sign out.
  - d. Nursing at the psychiatric facility will assure the prompt and complete transfer of medical and mental health records to DOC.
  - e. DOC will transport the inmate/patient to a correctional facility.
8. Prior to the release from hospital of an inmate/patient who has been determined to no longer be in need of acute psychiatric hospitalization and who will be released into the community, the DPS or designee will work in collaboration with the DMH Care Manager and DOC P&P office if under supervision, to assist the hospital team with linkage of the patient to appropriate community resources.

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Forensic Evaluations for Pre-adjudicated individuals

The Court may order an evaluation of a patient to an inpatient facility, and in the event that there is no bed availability, the court may order the person to a correctional facility on charges. Under those circumstances, the person is under the jurisdiction of the Court, until adjudicated to either DOC or DMH under commitment.

Communication

1. The DMH paralegal will receive notice of a Court order for an inpatient psychiatric evaluation.
2. DMH Legal sends notice to DMH Care Management Team, which assesses bed availability, notifies DMH Legal of bed availability and communicates with DOC Director of psychology (title of Meredith?) about the person who may be coming to DOC.
3. If there is a bed, the person will be transported by sheriffs to the hospital
4. If there is not a bed, the person will be sent to Corrections to await a bed. DMH Care Manager will check in daily with DOC on person's clinical status and will facilitate transfer when a bed becomes available.
  - a. The DMH Care Manager will notify the Director of Classification and Facility Designation or designee of the possibility of an available bed as early as possible.
  - b. Once a bed is available the DOC facility will conduct the transport to appropriate MH facility when staffing levels permit. DOC personal will remain at the MH facility until the person is admitted by the facility.
5. If the hospital does not admit due to not meeting level of care, the person will be returned to Corrections to await disposition on the charges.